Landscape of Plan
Options in
Hawaii



## Stand-Alone Prescription Drug Plans

1-800-MEDICARE TTY 1-877-486-2048 www.medicare.gov



## Hawaii 2007 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 12, 2006. Includes all contracts/plans regardless of 2007 approval status. Employer sponsored plans (800 series) are excluded.

		· ` `	\$0				
			Premium	055			T f
			with	Offers			Type of
			Full Low-	Variable	Monthly		Extra Coverage
			Income	Co-	Drug	Annual Drug	Offered in the
Company Name	Plan Name (and ID Numbers)	Benefit Type	Subsidy?	payments	Premium	Deductible	Gap
Aetna Medicare	Aetna Medicare Rx Essentials (S5810-067)	Basic		•	\$27.10	\$180	
	Aetna Medicare Rx Plus (S5810-169)	Enhanced		•	\$42.50	\$0	
	Aetna Medicare Rx Premier (S5810-203)	Enhanced		•	\$71.40	\$0	Generics
CIGNA HealthCare	CIGNATURE Rx Value Plan (S5617-163)	Basic	•	•	\$20.80	\$265	
	CIGNATURE Rx Plus Plan (S5617-165)	Enhanced		•	\$28.80	\$0	
	CIGNATURE Rx Complete Plan (S5617-203)	Enhanced		•	\$38.50	\$0	Generics
Coventry AdvantraRx	AdvantraRx Value (S5674-062)	Enhanced		•	\$23.40	\$0	
	AdvantraRx Premier (S5674-063)	Basic		•	\$34.20	\$0	
	AdvantraRx Premier Plus (S5674-065)	Enhanced		•	\$44.40	\$0	Generics
EnvisionRx Plus	EnvisionRxPlus Standard (S7694-033)	Basic			\$45.50	\$265	
	EnvisionRxPlus Gold (S7694-067)	Enhanced		•	\$65.00	\$0	Generics
First Health Part D	First Health Select (S5768-080)	Basic		•	\$35.30	\$0	
Health Net	Health Net Orange Option 1 (S5678-066)	Basic	•	•	\$20.50	\$265	
	Health Net Orange Option 2 (S5678-065)	Basic		•	\$27.00	\$0	
	Health Net Orange Option 3 (S5678-102)	Enhanced		•	\$37.60	\$0	Generics
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 33 (S5932-032)	Basic	•		\$22.00	\$265	
HMSA's Medicare Rx Plan	SRx (S3994-001)	Basic		•	\$29.00	\$265	
Humana Insurance Company	Humana PDP Standard S5884-093 (S5884-093)	Basic	•		\$10.80	\$265	
	Humana PDP Enhanced S5884-096 (S5884-096)	Enhanced		•	\$23.30	\$0	
	Humana PDP Complete S5884-099 (S5884-099)	Enhanced		•	\$74.90	\$0	Generics
Medco YOURx PLAN	Medco YOURx PLAN (S5660-033)	Basic		•	\$31.70	\$100	
MEMBERHEALTH	Community Care Rx BASIC (\$5803-102)	Basic	•	•	\$23.50	\$265	
	Community Care Rx CHOICE (S5803-170)	Enhanced		•	\$31.50	\$0	
	Community Care Rx GOLD (S5803-250)	Enhanced		•	\$37.80	\$0	Generics
NMHC Group Solutions	NMHC Medicare PDP Gold (S8841-033)	Basic		•	\$28.70	\$0	
RxAmerica	Advantage Star Plan by RxAmerica (S5644-085)	Basic	•	•	\$19.70	\$265	
	Advantage Freedom Plan by RxAmerica (S5644-065)	Basic	•	•	\$24.60	\$265	
SAMAscript	SAMAScript (S7950-033)	Basic			\$43.40	\$265	
SilverScript	SilverScript (S5601-066)	Basic	•	•	\$25.20	\$265	
	SilverScript Plus (S5601-067)	Enhanced		•	\$36.00	\$0	
	SilverScript Complete (S5601-104)	Enhanced		•	\$41.30	\$0	Generics
Sterling Prescription Drug Plan	Sterling Rx (S4802-031)	Basic		•	\$26.40	\$100	
	Sterling Rx Plus (S4802-065)	Enhanced		•	\$50.00	\$100	Generics
Unicare	MedicareRx Rewards Value (S5960-033)	Basic	•	•	\$21.40	\$265	
	MedicareRx Rewards Plus (\$5960-069)	Enhanced		•	\$27.60	\$0	
	MedicareRx Rewards Premier (\$5960-103)	Enhanced		•	\$41.20	\$0	Generics
United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan (S5755-071)	Basic			\$26.60	\$265	20.101103
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Company Name	Plan Name (and ID Numbers)	Benefit Type	\$0 Premium with Full Low- Income Subsidy?	Offers Variable Co- payments	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
UnitedHealthcare	AARP MedicareRx Plan - Saver (S5921-041)	Basic	•	•	\$17.80	\$265	
	UnitedHealth Rx Basic (S5921-042)	Basic	•	•	\$24.40	\$0	
	AARP MedicareRx Plan (S5820-032)	Basic	•	•	\$25.20	\$0	
	UnitedHealth Rx Extended (S5820-136)	Enhanced		•	\$38.60	\$0	
	AARP MedicareRx Plan - Enhanced (S5921-043)	Enhanced		•	\$39.00	\$0	Generics
WellCare	WellCare Classic (S5967-170)	Basic	•	•	\$17.30	\$265	
	WellCare Signature (S5967-067)	Basic		•	\$27.10	\$0	
	WellCare Complete (S5967-102)	Enhanced		•	\$42.60	\$0	Generics